



640 3736

PATENT

Atty. Docket No: 2549 CON 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Menno E. Sluijter, et al GROUP ART UNIT: 3736

SERIAL NO.: 09/410,609 EXAMINER: R. Carter

FILED : October 1, 1999

FOR: METHOD AND APPARATUS FOR ALTERING
NEURAL TISSUE FUNCTION

CERTIFICATE OF MAILING

Date of Deposit June 27, 2000

I hereby certify that the following:

- [x] This Certificate of Mailing
- [x] Response to Office Action Dated March 29, 2000
- [x] Amendment Fee Transmittal
- [x] Terminal Disclaimer
- [x] Return postcard

are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.


Vanessa Mastri

U.S. Surgical, a division of
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Norwalk, CT 06856
(203) 845-1480



CAU: 373624

Docket No. 2549 CON 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Menno E. Sluijter, et al

Examiner: R. Carter.

Group Art Unit: 3736

Serial No: 09/410,609

Filed: October 1, 1999

For: **METHOD AND APPARATUS FOR ALTERING
NEURAL TISSUE FUNCTION**

AMENDMENT FEE TRANSMITTAL

ASST. COMMISSIONER FOR PATENTS
Washington, D. C. 20231

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Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ [X] No additional fee is required.

☐ [] The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest No. Covered by Previous Payments | Rate Extra | Fee |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------|---------|
| Total Claims* | 31 | - 31 | = x \$18.00 | \$ 0.00 |
| Independent Claims | 3 | - 3 | = x \$78.00 | \$ 0.00 |
| (If claims added by amendment include Multiple Dependent Claim(s) and there were no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.) | | | | \$ 0.00 |
| Total: | | | | \$ 0.00 |



* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

[x] Charge the fee of \$0.00 to Deposit Account No. 21-0550
TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

[x] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 21-0550. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

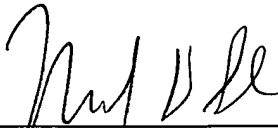
[] Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):
[please check one]

1. [] Is enclosed herewith.
2. [X] Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 21-0550.

Respectfully submitted,

Dated: 6/28/00

By: 
Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

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